U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5559	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Harold A Schaitberger	Name International Association of Fire Fighters			
	Labor Organization File Number 000-317			
P.O. Box, Bldg., Room No., if any Suite 200	P.O. Box, Building and Room Number, if any Suite 200			
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N.W.			
City Washington,	City Washington			
State District of Columbia ZIP Code + 4 20006-5395	State District of Columbia ZIP Code + 4 20006-5395			
5. Position in labor organization. General President				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	START COLUMNS AND			
P.O. Box, Bldg., Room No., if any	- ORIGINAIS-			
	- ORIGINALS-			
Street	- ORIGINALS- file with DOL			
Street	- ORIGINALS- file with DOL			
Street	- ORIGINALS - file with DOL the information s, to the best of the			
Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under per submitted in this report (including the information contained in any acc undersigneds knowledge and belief, true, correct, and complete. (Se	the information			

Name of Person Filing	Harold	Schaitberger

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 15 Union Square	c. Employer	
City New York		
State New York ZIP Code + 4 10003-3378		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and it is supported the fundamental contraction and the contraction of
Name	financial services	*
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$28,422
	12.a. Nature of interest held or income received.	magiones construction des circumstructures commentation marcines es commission (4/2 m s p.)
	Please include this information in my report, which was inadvertently left off my original submission:	
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	Control of the Contro	
		olek a vaşlık da kekiriles / 3 in kun (zə ri ili binda kemanlık iş kemili işlekiri sanak ənik bi ili ili ili i
	12.b. Amount.	\$100

Name of Person Filing Harold:	Schaitherger

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:	
Name Harbaugh Hotels		a. Labor Organization	
Trade Name, if any: Palm Springs P.O. Box, Bldg., Room No., if any	Riviera Hotel	b. Trust	
Street 1600 North Indian Aven		c. Employer	
City Palm Springs			
State California	ZIP Code + 4 92262-4602		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	mention of the control of the contro
Name Name		Hotel Management	
Trade Name, if any:	eller i 18 Flyred and design and markets a design of design of the control to the	1	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$165,000
		12.a. Nature of interest held or income received.	
		Please include this information which was inadvertently left off my original submission:	
		Dinner on May 13, 2004	
		The state of the s	
		Tomostics	
		Approximate the second	•
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			garan garan Kalaman kalaman (k. 1864). Baran laman dari baran kalabi bahar merumban serina b
		12.b. Amount.	\$100